

12/13/12
0000218899

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
AsOfDate 12/04/2012
Voucher Vchr VchrlneDescr Distr Account Account Description Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
Number Line Line#

00317687	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2013	11	0000096114	Nash, G. 10.29-1	470.00
Total For Voucher												470.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00317687
 Voucher Style: Regular
 Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Invoice Number: Nash, G. 10.29-11.2.12
 Invoice Date: 11/29/2012
 Total: 470.00

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 

Location: 001 

*Address: 1 

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 470.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 11/29/2012 

Net Due: 11/29/2012

Discount Due:

Accounting Date:

Find | View All First 1 of 1 Last  

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Pay Group:

*Handling: RE

*Netting: N 

Messages

Message will appear on remittance advice.

[Summary](#) |
 [Invoice Information](#) |
 [Payments](#) |
 [Voucher Attributes](#) |
 [Error Summary](#)

Business Unit: 66500

Invoice Number: Nash, G. 10.29-11.2.12

Voucher ID: 00317687

Invoice Date: 11/29/2012

Voucher Style: Regular

Total: 470.00

Voucher Processing

☒ Post Voucher
 ☐ Close Voucher
☒ Revalue Voucher
 ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD
 
 Account At: Gross
 

Match Action

*Status: Matched
 
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables
 
 *Currency: USD
 
 Rate Type: CRRNT
 
 Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level
 
 Business Process: PROCESS_VOUCHERS
 
 Approval Rule Set: Payment Approval Rule Set 1
 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-
 
 SBI Number:

Prepayment

Prepayment Reference:
 
☐ Automatically Apply Prepayment
 ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:
 


[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:	Meeting with Staff in Santa Fe and Alamogordo				
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

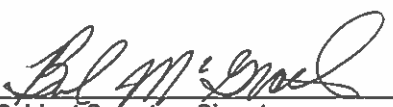
Travel Information	Date of Request:	10/27/12	Destination:	Alamogordo & Santa Fe		
	Departure Date: (month/day/yr)	10/29/12	Time:	06:00 AM	Return Date: (month/day/yr)	11/2/12 Time: 07:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	2 @ \$85/day	\$ 170.00
546800: Registration – Vendor		Santa Fe Only:	2 @ \$135/day	\$ 270.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 470.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 470.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 _____ Employee Signature	11-15-2012 _____ Date	_____ Supervisor/Bureau Chief Signature	_____ Date
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_____ Division Director/Hospital Administrator (As per specific division requirements)	_____ Date	 _____ Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	11/15/12 _____ Date
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